



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 010800002

CITY OR TOWN BLACKSTONE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: POL. AMER. CITIZENS CLUB INC. OF BLACKSTONE

DOING BUSINESS AS

ADDRESS 6 Mill St

CITY/TOWN: BLACKSTONE

STATE: MA

ZIP CODE: 01504

MANAGER: MALONEY,
GERALD M.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM ON STREET FLOOR AND ONE ROOM ON SECOND FLOOR WITH ENTRANCES
ON COUNTY ST AND EASTERLY SIDE OF BLDG

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 010800004

CITY OR TOWN BLACKSTONE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MILLERVILLE MEN'S CLUB

DOING BUSINESS AS LADOUCEUR, MARK

ADDRESS 8 LLOYD ST

CITY/TOWN: BLACKSTONE

STATE: MA

ZIP CODE: 01504

MANAGER: LADOUCEUR, MARTYPE OF LICENSE: Club
K

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

OLD SECTION ALL ONE FLOOR. NEW SECTION ONE FLOOR. ONE OFFICE IN OLD CHOIR
SECTION. FULL CELLAR USED FOR STORAGE AND BOILER ROOM. UNDER OLD SECTION
IS CRAWL SPACE ONLY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 010800011

CITY OR TOWN BLACKSTONE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JIGG'S CAFE INC

DOING BUSINESS AS MORETTI'S LOUNGE

ADDRESS 1210 SOCIAL ST

CITY/TOWN: BLACKSTONE

STATE: MA

ZIP CODE: 01504

MANAGER: MORETTI,
JEANNETTE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING ON THE CORNER OF SOCIAL AND AUCLAIR STS. ENTRANCE ON
SOCIAL ST AND REAR EXIT

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 010800016

CITY OR TOWN BLACKSTONE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TANAVI CORP.

DOING BUSINESS A FAMILY GROCER

ADDRESS 202 MAIN STREET

CITY/TOWN: BLACKSTONE

STATE: MA

ZIP CODE: 01504

MANAGER: PATEL, RASIK J.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1000 SQ FT ENTRANCE/EXIT FRONT OF STORE AND EMERGENCY EXIT ON SIDE OF BLDG

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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DATE:

TELEPHONE NUMBER:

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DISAPPROVED: ☐

(If disapproved explain)

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 010800017

CITY OR TOWN BLACKSTONE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GURUKRUPA, INC.

DOING BUSINESS AS MAIN STREET DISCOUNT LIQUORS

ADDRESS 157 MAIN STREET

CITY/TOWN: BLACKSTONE

STATE: MA

ZIP CODE: 01504

MANAGER: PATEL,
NARENDRA H.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR WITH FULL BASEMENT, CEMENT BLOCK BLDG, ENT/EXIT ON MAIN ST AND
PARKING LOT SIDE. DELIVERY ON PARKING LOT SIDE. SOLE OCCUPANT

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 010800018

CITY OR TOWN BLACKSTONE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GERARD W. CAQUETTE

DOING BUSINESS AS THE WALKER'S PUB

ADDRESS 104 CANAL STREET

CITY/TOWN: BLACKSTONE

STATE: MA

ZIP CODE: 01504

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTIRE MALONEY BLDG. CONSISTING OF ONE ROOM ON THE FIRST FLOOR, TWO ROOMS AND OFFICE ON SECOND FLOOR FOR STORAGE. FRONT AND REAR ENTRANCE

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 010800025

CITY OR TOWN BLACKSTONE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MEDFORD LIQUORS, INC

DOING BUSINESS AS THRIFTY DISCOUNT LIQUORS

ADDRESS 97 MAIN STREET

CITY/TOWN: BLACKSTONE

STATE: MA

ZIP CODE: 01504

MANAGER: SHEERER,
FREDERIC E.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ENTRANCE IN FRONT AND ONE EXIT IN REAR, FULL BASEMENT FOR STORAGE,
3,094 SQFT.

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TELEPHONE NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 010800028

CITY OR TOWN BLACKSTONE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHARLES PAPPAS

DOING BUSINESS AS BLACKSTONE PARK 'N SHOP

ADDRESS 2 MAIN ST

CITY/TOWN: BLACKSTONE

STATE: MA

ZIP CODE: 01504

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

21,400 SQ FT ON FIRST FLOOR WITH CELLAR USED FOR STORAGE OF MERCHANDISE

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 010800041

CITY OR TOWN BLACKSTONE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Roast House Inc

DOING BUSINESS AS Roast House

ADDRESS 3 Farm st

CITY/TOWN: BLACKSTONE

STATE: MA

ZIP CODE: 01504

MANAGER: Diogo, Kathleen

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

dining room, bar, two restrooms, kitchen, three entrances and exits

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 010800042

CITY OR TOWN BLACKSTONE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHHAYA CORPORATION

DOING BUSINESS AS ANDERSON VARIETY

ADDRESS 266 BLACKSTONE STREET

CITY/TOWN: BLACKSTONE

STATE: MA

ZIP CODE: 01504

MANAGER: PATEL, TEJAL BEN TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

30 X 45' COMMERCIAL SPACE LOCATED ON THE FIRST FLOOR OF BUILDING; ONE
ENTRANCE ON BLACKSTONE STREET, ONE REAR EXIT TO LOADING DOCK FOR DELIVERY
AND EMERGENCY EGRESS; CONVENIENCE STORE OPERATED IN UNIT WITH WALK-IN
COOLER

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 010800044

CITY OR TOWN BLACKSTONE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PARADISE CAFÉ, INC

DOING BUSINESS AS PARADISE CAFÉ

ADDRESS 97 MAIN ST

CITY/TOWN: BLACKSTONE

STATE: MA

ZIP CODE: 01504

MANAGER: SMITH,
BRADFORD N

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING AREA AND KITCHEN ON GROUND FLOOR. RESTROOMS IN CORNER. TWO
EXITS/ENTRANCES AT FRONT OF BLDG AND IN DINING AREA

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 010800045

CITY OR TOWN BLACKSTONE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SJ SEAGRAVE & ASSOCIATES LLC

DOING BUSINESS AS FIREHOUSE TAVERN

ADDRESS 200 MAIN STREET

CITY/TOWN: BLACKSTONE

STATE: MA

ZIP CODE: 01504

MANAGER: SEAGRAVE,
STEVEN J.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PREMISE IS LOCATED ON 200 MAIN STREET. ONE DINING AND LOUNGE AREA ON GROUND FLOOR. RESTROOMS IN FAR CORNER. TWO EXITS. ENTRANCES, ONE DOOR LOATED IN RIGHT CORNER DINING ROOM AND ONE UP FLIGHT OF STAIRS TO PARKING AREA. KITCHEN AT TOP OF STAIRS. OUTSIDE PATIO.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

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DATE:

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